



MARYLAND HEALTH CARE COMMISSION

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Thursday, September 20, 2018

Minutes

Chairman Moffit called the meeting to order at 1:05 p.m.

Commissioners present: Boyle, Hafey, Hammersla, O'Connor, Peters, Pollak, Rymer, Sergent, Thomas, and Wang. Commissioners O'Grady and Tomarchio participated via teleconference.

Before turning to the agenda, Chairman Moffit and Ben Steffen shared some thoughts about Linda Bartnyska, Center Director for Analysis and Information Systems, who passed away in August, noting the important legacy that Linda left behind at the Maryland Health Care Commission. Chairman Moffit and Mr. Steffen said that Linda will be greatly missed.

ITEM 1.

Approval of the Minutes

Commissioner Sergent made a motion to approve the minutes of the July 19, 2018 public meeting of the Commission, which was seconded by Commissioner Hafey and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, said that Commission staff is currently involved with several workgroups. He noted that MHCC and MIEMSS co-lead the EMS Reimbursement Work Group for New Care Delivery Models, and plan to bring the report to MHCC's and MIEMSS's December meetings. He said that the MHCC convened a workgroup to study African American and Rural Community Infant Mortality, which met for the first time on September 17, 2018. He noted that the final report for that study is due in November 2019. Mr. Steffen said that the Center for Health Information Technology and Innovative Care Delivery, has several workgroups underway, including: the Electronic Prescription Records System Workgroup, which identifies some benefits and barriers regarding the mandated reporting of non-controlled dangerous substances; the Health Record and Payment Integration Program Advisory Committee, which is tasked with conducting a health information technology policy study that

assesses the feasibility of creating a health record and payment integration program; and the School-Based Telehealth Workgroup, which is tasked to identify deficiencies in existing policies related to school-based telehealth programs and develop an approach for improving these policies. Staff is also actively involved in the Participation in Population Health Planning Committee, and, in collaboration with the Department of Health, with the Maryland Primary Care Program's Advisory Group.

Mr. Steffen announced and congratulated Leslie LaBrecque, Chief of Database Development, on her retirement at the end of this month. Mr. Steffen said that Leslie was responsible for the analytic data systems, the Commission's website, and the Commission's data release program. Leslie has been a valuable asset to the Commission staff.

Courtney Carta, Chief of Hospital Quality Initiatives, announced and welcomed a new staff member, Sametria McCammon, who will serve as a Program Manager for Hospital Quality Initiatives.

Commissioner Sergent, Chair of the CON Modernization Task Force, and Paul Parker, Director of the Center for Health Care Facilities Planning and Development, provided an update on the CON Modernization Task Force. Chairman Moffit noted that Commissioners O'Grady, and Metz also participated on that Task Force. Commissioner Sergent provided an overview of the charge to the Commission, including: (1) examine major policy issues; (2) review approaches other states use to determine appropriate capacity; (3) recommend revisions to CON statute; (4) recommend revisions to State Health Plan (SHP) regulations; (5) consider flexibility needed to streamline CON project review process; and (6) identify areas of regulatory duplication. He said that, in Phase One of the Task Force, Commission staff and the stakeholder members of the Task Force identified problems that needed to be addressed in modernizing CON regulation, and produced an interim report on June 1, 2018. Mr. Sergent said that Phase Two will develop consensus, to the extent possible, with assistance of an expanded stakeholder Task Force, on the legal, regulatory, and process changes that are practical and will best address the identified problems. He noted that the final report is due to the legislature in December 2018. Commissioner Sergent and Mr. Parker discussed the guiding principles for CON regulation reform, and the key from concepts that were discussed thus far.

Chairman Moffit noted that Delegate Shane Pendergrass, Chair of the House Health and Government Operations Committee, asked the Commission to convene a workgroup to develop consensus proposals on approaches to maintenance of certification for physician specialties. Megan Renfrew, Government Relations and Special Projects, provided an update on the Maintenance and Certification Workgroup's progress. Ms. Renfrew said that the workgroup met on September 11, 2018 to discuss a draft letter to the Chair of the House Health and Government Operations Committee and provide suggestions. She said that the final draft of the letter will be presented at the October public meeting of the Commission, for action.

Chairman Moffit reminded the Commissioners that if they wish to recuse themselves on an agenda item, they should move to the Commission's small conference room next door, and that staff would let them know as soon as the Commission has completed action on that agenda item.

ITEM 3.

ACTION: Certificate of Need – Children’s Hospital Ambulatory Surgery Center (Docket No. 18-16-2413)

Children’s Hospital applied for a Certificate of Need to develop an ambulatory surgical facility with two operating rooms in its planned regional outpatient center in Prince George’s County. Kevin McDonald, Chief of Certificate of Need, presented the staff recommendation. He noted that Children’s Hospital is a subsidiary of Children’s National Medical Center, Inc., a network of pediatric care providers that includes the flagship hospital campus, six health centers in the District of Columbia and seven regional outpatient centers, including five in Maryland. Staff recommended approval of Children’s Hospital’s application, with two conditions. Commissioner Pollak made a motion to approve the staff recommendation, which was seconded by Commissioner Hammersla and unanimously approved. Commissioner Hafey recused herself from this action item.

ACTION: Certificate of Need – Children’s Hospital Ambulatory Surgery Center (Docket No. 18-16-2413) is hereby APPROVED.

ITEM 4.

ACTION: Exemption from Certificate of Need Review for the Conversion of University of Maryland Capital Region Health Laurel Regional Hospital to a Freestanding Medical Facility (Docket No. 18-16-EX002)

The University of Maryland Laurel Regional Hospital applied for an exemption from Certificate of Need review to eliminate inpatient services and establish a freestanding medical facility. This project was the first project of its kind to be considered by the Commission. In 2016, Maryland law established the exemption process for conversion of a general hospital to a freestanding medical facility. Mr. Parker provided background information, noting that the Health Services Cost Review Commission (HSCRC) approved the University of Maryland Prince George’s Hospital (UM PGHC) request to establish rates for services that will be transferred from the Laurel Regional Hospital and to combine the global budgets for UM PGHC and Laurel Regional Hospital. He said that the general hospital in Laurel is proposing to eliminate inpatient services and establish an outpatient campus providing full-time, hospital emergency department-style care and observation services. He also said that patients seen at the proposed facility that require hospital admission will be transported to a general hospital. The proposed freestanding medical facility will offer outpatient surgical services, wound care, and psychiatric partial hospitalization and intensive outpatient services. Mr. Parker said that UM Prince George’s Hospital Center will be the parent hospital for the freestanding medical facility and the two facilities will share a combined global budget. Staff recommended that the Commission approved this project. After discussion, Commissioner Sargent made a motion to approve the request for exemption with an amendment to the final order to provide that the freestanding medical facility will include rate regulation of emergency services, observation services, and other services as ordered by the Health Services Cost Review Commission. The motion was seconded by Commissioner

O'Grady and unanimously approved. Commissioners Hafey and Pollak recused themselves from this action item.

ACTION: Exemption from Certificate of Need Review for the Conversion of University of Maryland Capital Region Health Laurel Regional Hospital to a Freestanding Medical Facility (Docket No. 18-16-EX002) is hereby APPROVED.

ITEM 5.

ACTION: Change in Approved Certificate of Need – Adventist HealthCare, Inc. d/b/a Washington Adventist Hospital (Docket No. 13-15-2349)

Adventist HealthCare, Inc. d/b/a Washington Adventist Hospital applied for a modification to its 2015 Certificate of Need to include the relocation of ten adult psychiatric beds now in operation at the Takoma Park hospital to the replacement hospital under construction in White Oak. Mr. McDonald presented the staff recommendation. He said that the approved CON for the replacement hospital did not involve the relocation of any acute psychiatric beds to the new hospital. He noted that Adventist HealthCare, Inc. was granted CON approval to establish a special hospital-psychiatric using 40 existing acute psychiatric beds that were to remain in renovated space on the existing Takoma Park campus. Mr. McDonald said that the applicant seeks approval to relocate ten of the 26 adult psychiatric beds now licensed and in operation at Takoma Park to the shell space in the new hospital. He noted that, at a later date, the MHCC will consider an exemption request from Adventist HealthCare, Inc. to relocate the remaining 16 acute psychiatric beds currently at Washington Adventist Hospital to Shady Grove Medical Center. Staff recommended approval of the modification to Washington Adventist Hospital's 2015 Certificate of Need. Commissioner Pollak made a motion to approve the modification request, which was seconded by Commissioner Sargent and unanimously approved.

ACTION: Change in Approved Certificate of Need – Adventist HealthCare, Inc. d/b/a Washington Adventist Hospital (Docket No. 13-15-2349) is hereby APPROVED.

ITEM 6.

ACTION: COMAR 10.25.17 – State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services – Re-proposed Permanent Regulations

Eileen Fleck, Chief of Acute Care Policy and Planning, presented for consideration as re-proposed regulation, COMAR 10.24.17: State Health Plan for Facilities and Services, Cardiac Surgery and Percutaneous Coronary Intervention Services. Ms. Fleck said that the Commission adopted proposed regulations at its April 19, 2018 public meeting that were published in the *Maryland Register* and posted on the Commission's website for public comment. Ms. Fleck stated that staff reviewed the formal comments, and recommended changes to the regulations adopted as proposed. She said that the draft re-proposed regulations include clarifications to the previously adopted regulations and the correction of minor errors. Staff recommended that the Commission adopt re-proposed regulations. Commissioner Pollak made a motion to approve the staff recommendation, which was seconded by Commissioner Wang and unanimously approved.

ACTION: COMAR 10.25.17 – State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services – Re-proposed Permanent Regulations are hereby ADOPTED.

ITEM 7.

PRESENTATION: 2017 Findings: Health Care Data Breaches in Maryland

Eva Lenoir, Program Manager in the Center for Health Information Technology and Innovative Care Delivery, presented an information brief entitled *Health Care Data Breaches 2017 Findings*. She stated that staff analyzed health care data breaches affecting 500 or more individuals that were reported to the Department of Health and Human Services Office for Civil Rights by health plans, health care clearinghouses, and health care providers. Ms. Lenoir said that breaches in Maryland increased by ten percent between 2016 and 2017. She said that Maryland ranks 18th among states, which is a slight improvement from prior year. IT breaches are growing at a faster rate than other breach types in the nation and in Maryland, and account for the majority of all records compromised. Ms. Lenoir noted that sound information security planning and risk management is essential to safeguarding protected health information.

ITEM 8.

PRESENTATION: Telehealth Grant Findings: Johns Hopkins Pediatrics at Home Health East Baltimore Asthma Assessments, and University of Maryland Shore Regional Health Palliative Care/Emergency Department Psychiatric Services in rural communities of the Eastern Shore

Justine Springer, Program Manager in the Center for Health Information Technology and Innovative Care Delivery presented on the telehealth grant findings from Johns Hopkins Pediatrics at Home and University of Maryland Shore Regional Health. Ms. Springer reported that, since 2014, MHCC has awarded 14 telehealth grants that have helped inform industry implementation and expansion efforts and policies that support advancement of telehealth. Joining Ms. Springer in the presentation was Lakshmi Vaidyanathan, Medical Director of the Shore Regional Palliative Care Program, University of Maryland Medical System, and Melissa Lantz-Garnish, Disease Management/Remote Patient Monitoring Program Administrator, Johns Hopkins Home Care Group. Dr. Vaidyanathan noted that telehealth increased patients' access to palliative care by three-fold without increasing staffing. Ms. Lantz-Garnish reported that patients were able to monitor symptoms and readily access educational information and clinical services using telehealth.

ITEM 9.

PRESENTATION: Maryland Health Workforce Study

Tim Dall, Executive Director, Life Sciences, IHA Markit, the Commission's contractor, presented the finding of the Maryland Primary Care and Selected Specialty Health Workforce Study. Mr. Dall said that the study goals were to report health care workforce characteristics, current distribution at State and county levels, and projected supply and demand through 2030, assuming different levels of Maryland Primary Care Program participation. He noted the provider categories that were modeled, and an overview of the data and methods used. Mr. Dall said that Maryland has better workforce data than most states, but does have some data limitations for making projections. He presented key takeaways from the study, noting that like national trends, Maryland's primary care physician supply is growing slower than demand, but rapid growth in supply of advance practice providers should be enough to offset physician shortfalls. Psychiatrist supply is falling, and the national data suggests rapid growth in psych nurse practitioners and physician assistants will be insufficient to close shortfall and address unmet needs. He said that the national supply of social workers, psychologists, and others is growing but these occupations have limited medical prescribing privileges. Mr. Dall stated that the supply of select surgical specialties is not growing while demand is growing and that national shortfalls could exacerbate challenges to recruit and retain surgeons. He concluded that there is a substantial geographic maldistribution in provider supply.

ITEM 10.

Overview of Upcoming Initiatives

Ben Steffen reminded the Commission that the October public meeting of the Commission will be held on Tuesday, October 16, 2018. He announced that the October meeting is expected to include several Certificate of Need applications, a presentation on the Maryland Trauma Physician Services Fund report, and approval of the Electronic Advance Directives Services Vendor application.

ITEM 8.

ADJOURNMENT

There being no further business, the meeting was adjourned at 5:10 p.m. upon motion of Commissioner Boyle, which was seconded by Commissioner Hammersla and unanimously approved.